

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/22/01
O.I.P.E. CLASSIFIER	ma		8/31/01
FORMALITY REVIEW	ck	1108	9-20-01
RESPONSE FORMALITY REVIEW	MO	1017	11/19/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/11/01
2	5/22/01
3	02/20/01
4	1/1/01
5	1/1/01
6	1/1/01
7	1/1/01
8	1/1/01
9	1/1/01
10	1/1/01
11	1/1/01
12	1/1/01
13	1/1/01
14	1/1/01
15	1/1/01
16	1/1/01
17	N
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	0
30	✓
31	✓
32	✓
33	✓
34	✓
35	0
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here